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CONFIRMATION NO. 5920

<b>SERIAL NUMBER</b> 10/813,980	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Edward Wells Knowlton, Zephyr Cove, NV; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,219 03/31/2003 and claims benefit of 60/533,340 12/29/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 39
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> EDWARD WELLS KNOWLTON P.O. BOX 10423 ZEPHYR, NV89448				
<b>TITLE</b> Method for treatment of tissue				
<b>FILING FEE RECEIVED</b> 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	